

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM TIO-875)**

SERIAL NO.

101780407

FILING DATE

APPLICANT(S)

7/31/94

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	X	X				
10	X	X				
11						
12						
13						
14						
15						
16						
17						
18	1					
19						
20						
21	1					
22	X	X				
23						
24						
25						
26	X	X				
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1					
39	1					
40	1					
41	1					
42	1					
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	31	←		←		←
TOTAL CLAIMS	39	⊞		⊞		⊞

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		⊞		⊞		⊞